

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #
--------------------	-------------------

10/521294

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 100
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment	REFUND COMPLETED PCT NATIONAL DIVISION		\$
	Other			\$

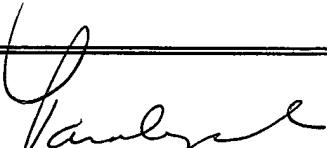
	7 TOTAL AMOUNT OF REFUND
--	--------------------------

\$ 100

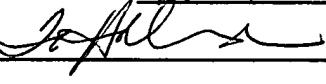
8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
Duplicate Payment	9 <input type="text" value="19--0134"/>
No Fee Due (Explanation):	

REFUND COMPLETED
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY:	Signature: 
-------------------------	--

TYPED/PRINTED NAME: <u>J. Hillard</u>	TITLE: <u>Jennifer</u>
---------------------------------------	------------------------

SIGNATURE: 	PHONE: <u>308-9140x 209</u>
--	-----------------------------

OFFICE: *****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B